

393164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

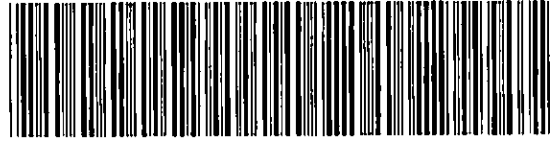
(Business Entity Name)

(Document Number)

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4/3/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lancaster Oil Co., Inc.
Name of Corporation

DOCUMENT NUMBER: 393164

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sheree H. Lancaster

Name of Contact Person

Lancaster Oil Co., Inc.

Firm/Company

Post Office Box 1256

Address

Trenton, FL 32693

City/State and Zip Code

Shereehowell@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheree H. Lancaster

Name of Contact Person

at (352) 215-3606

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____, in order to change its registered office or registered agent, or both, in the State of Florida.

2. The principal office address: 2049 SW CR 307-A, Trenton, FL 32693

4. Date of incorporation/qualification: 12/28/1971 Document number: 393164

H. E. Lancaster, Jr. deceased as of 5/18/2022

Dustin Deen Lancaster

109 E. Wade Street

P.O. Box NOT acceptable

Trenton, FL 32693

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Dustin Deen Lancaster

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

1/24/2021

Date _____

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: \$35.00 * * ***

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)